PATENT APPLICATION FEE DETERMINATION RECORD

Application o	or Docket Number
1	
: ,	

Effective December 29, 1999

CLAIMS AS FILED - PART I								SMALL	ENTITY		OTHER	THAN	
rop l			(Column 1) NUMBER FILED			(Column 2)			TYPE		OR	SMALL	ENTITY
FOR			NOMB	ER FILED		NUMBER EXTRA			RATE	FEE]	RATE	FEE
BASIC FEE								4, 5,		345.00	OR		690.00
TC	OTAL CLAIMS		ر ح	2 minus:	20=	*			X\$ 9=		OR	X\$18=	·
INDEPENDENT CLAIMS / minus 3 =						*			X39=		OR	X78=	
MULTIPLE DEPENDENT CLAIM PRESENT]	+130=	 	OR	+260=	
* If the difference in column 1 is less than zero, enter "0" in column 2								L	TOTAL		OR	TOTAL	1090
CLAIMS AS AMENDED - PART II											4	OTHER	THAN
			umn 1)	• 1 & o disease year high relative		olumn 2)	(Column 3)		SMALL	ENTITY	OR	SMALL	
IENT A		REM AF	LAIMS MAINING FTER NDMENT		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*		Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	N 05 M	Minus	***		=		X39=		OR	X78=	
	FIRST PRESE	NIAIIC	ON OF MI	JLIIPLE DEI	PNL	ENI CLAIM			+130=		OR	+260=	
								L	TOTAL			TOTAL	
		ımn 1)		AD	DIT. FEE		.	ADDIT. FEE					
В		(Column 1) CLAIMS		1	HIGHEST	(Column 3)			ADDI-	1		ADDI-	
		AF	AINING TER IDMENT		PR	NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
AMENDMENT	Total	*		Minus	**		=		X\$ 9=		OR	X\$18≃	·
AME	Independent	NTATIC	05 14	Minus	***		=		X39=		OR	X78=	
	FIRST PRESE	NIAIIO	N OF MU	JLTIPLE DEF	PENU	ENI CLAIM	j		+130=		OR	+260=	
												TOTAL	
(Column 1) (Column 2) (Column 3)									DIT. FEE		•	ADDIT. FEE	
ပ		CL	AIMS		ŀ	HIGHEST				ADDI-			ADDI-
AMENDMENT C		AF	AINING TER DMEN:T		PR	NUMBER EVIOUSLY PAID FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL
NDN	Total	*		Minus	**		=		X\$ 9=		OR	X\$18=	
ME	Independent	*		Minus	***		=		X39=			X78=	<u> </u>
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT C					ENT CLAIM			X03=		OR	X70=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+260=		
**.1	f the "Highest Nur If the "Highest Nur	nber Pre	viously Pa	id For" IN THIS	S SPA	CE is less that	n 20, enter "20."	" ADI	TOTAL DIT. FEE		OR ,	TOTAL ADDIT. FEE	
	The "Highest Num							r found	in the ann	ronriate hox	r in coli	umn 1	